

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49		/		/		/
50		/		/		/
TOTAL IND.	6		6		7	
TOTAL DEP.	20		20		23	
TOTAL CLAIMS	26		26		30	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/		/	
52		/		/		/
53		/		/		/
54		/		/		/
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

A

B

C

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS